

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS
REPORT☐ NEW
(N)

OR

☒ AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☒ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2016

through

M M M / D D D / Y Y Y Y Y Y
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 10 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 01 2016 To: M M / D D / Y Y Y Y Y Y
03 31 2016

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016 | | 42513.77 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 45264.30 | |
| (c) Total Receipts (from Line 19) | 108323.39 | 425741.51 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 153587.69 | 468255.28 |
| 7. Total Disbursements (from Line 31) | 132933.21 | 447600.80 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 20654.48 | 20654.48 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 264783.27 | |

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | / | 01 | / | 2016 |

To:

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | / | 31 | / | 2016 |

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

34108.00

109881.00

(ii) Unitemized

73671.39

279918.07

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

107779.39

389799.07

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

107779.39

389799.07

12. Transfers From Affiliated/Other

Party Committees.....

0.00

35142.44

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

544.00

800.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

108323.39

425741.51

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

108323.39

425741.51

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 69198.67 | 356681.38 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 69198.67 | 356681.38 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 6934.88 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2000.00 | 2000.00 |
| 24. Independent Expenditures (use Schedule E) | 61734.54 | 81734.54 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 250.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 132933.21 | 447600.80 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 132933.21 | 447600.80 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 107779.39 | 389799.07 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 107779.39 | 389799.07 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ► | 69198.67 | 356681.38 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 544.00 | 800.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ► | 68654.67 | 355881.38 |

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 181

(check only one)

| | | | |
|---|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR JAMES A ALBRIGHT 061 MD

Mailing Address 51 BROOKSIDE BLVD

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| WEST HARTFORD | CT | 06107 |

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------------|
| M = M | / | D = D | / | Y = Y Y = Y Y = Y |
| 03 | | 07 | | 2016 |

Transaction ID : SA11Al.16984

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RICHARD C ANDERSON 141

Mailing Address 81 HACKETT DR

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| TONAWANDA | NY | 14150 |

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------------|
| M = M | / | D = D | / | Y = Y Y = Y Y = Y |
| 03 | | 28 | | 2016 |

Transaction ID : SA11Al.17033

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR J ALLEN BAIRD 761

Mailing Address 1600 TEXAS ST APT 2305

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| FORT WORTH | TX | 76102 |

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------------|
| M = M | / | D = D | / | Y = Y Y = Y Y = Y |
| 03 | | 24 | | 2016 |

Transaction ID : SA11Al.17098

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOSEPH BAUER 342

Mailing Address 965 YBOR E

City
VENICE

State Zip Code
FL 34285

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.17156

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR STANTON BELL 782 SR

Mailing Address 35 HAVERHILL WAY

City
SAN ANTONIO

State Zip Code
TX 78209

FEC ID number of contributing
federal political committee.

C

Name of Employer

BELL HYDROGAS INC

Occupation

EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2016

Transaction ID : SA11AI.17176

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR RICHARD A BERNSTEIN 105

Mailing Address 18 ROCKLEDGE RD

City
RYE

State Zip Code
NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

P&E CAPITAL INC

Occupation

CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 16 / 2016

Transaction ID : SA11AI.17209

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

645.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 181

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RAYMOND G BLODGETT 997

Mailing Address 110 E 5TH AVE

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| NORTH POLE | AK | 99705 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.00

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | 2 | 9 | | 2 | 0 | 1 | 6 | | |

Transaction ID : SA11AI.17245

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REV MONT O BOWSER 156

Mailing Address 4574 RIDGEVIEW DR

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| GREENSBURG | PA | 15601 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | 1 | 4 | | 2 | 0 | 1 | 6 | | |

Transaction ID : SA11AI.17283

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR JOHN L BRANDT 557

Mailing Address 2129 12TH AVE E

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| HIBBING | MN | 55746 |

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | 1 | 1 | | 2 | 0 | 1 | 6 | | |

Transaction ID : SA11AI.17294

Amount of Each Receipt this Period

210.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

350.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS SUSAN BRUNOFF 175

Mailing Address 334 W CEDAR ST

City

NEW HOLLAND

State

PA

Zip Code

17557

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 24 / 2016

Transaction ID : SA11Al.17357

Amount of Each Receipt this Period

315.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR HOWARD A BUESCHEL 086

Mailing Address 107 UPPER FERRY RD

City

TRENTON

State

NJ

Zip Code

08628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11Al.17370

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS JOAN K CHITIEA 920

Mailing Address 1980 SILVERLEAF CIR UNIT M207

City

CARLSBAD

State

CA

Zip Code

92009

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11Al.17487

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

690.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 181

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ARTHUR B CHOATE 331

Mailing Address 1390 S DIXIE HWY

City

CORAL GABLES

State

FL

Zip Code

33146

FEC ID number of contributing
federal political committee.

C

Name of Employer

ART MARINA

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 1 | | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.17488

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DOROTHY COLEMAN 194

Mailing Address 266 MORRIS ST

City

PHOENIXVILLE

State

PA

Zip Code

19460

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1020.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 8 | | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.17529

Amount of Each Receipt this Period

10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROBERT COOPER 837

Mailing Address 4556 N VILLA RIDGE WAY

City

BOISE

State

ID

Zip Code

83703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 1 | | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.17561

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

1260.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MAXINE DALTON 851

Mailing Address 220 W SUNSET DR

City

SUPERIOR

State

AZ

Zip Code

85173

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 08 / 2016

Transaction ID : SA11AI.17660

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS MAXINE DALTON 851

Mailing Address 220 W SUNSET DR

City

SUPERIOR

State

AZ

Zip Code

85173

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11AI.17661

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS CAROLYN J DAMON 967

Mailing Address PO BOX 791719

City

PAIA

State

HI

Zip Code

96779

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2016

Transaction ID : SA11AI.17662

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS DONNA DEVENISH 956

Mailing Address 4354 GALEWOOD WAY

City State Zip Code
 CARMICHAEL CA 95608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 31 2016

Transaction ID : SA11AI.17715

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR HERBERT DIVELBLISS 155

Mailing Address 4242 PLEASANT VALLEY RD

City State Zip Code
 CRYSTAL SPG PA 15536

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 02 2016

Transaction ID : SA11AI.17739

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR HERBERT DIVELBLISS 155

Mailing Address 4242 PLEASANT VALLEY RD

City State Zip Code
 CRYSTAL SPG PA 15536

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 24 2016

Transaction ID : SA11AI.17740

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

253.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ANNE DRAKE 296

Mailing Address 557 CRESWELL AVE E

City State Zip Code
GREENWOOD SC 29646

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.17784

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MS MARILYN FAULKER 765

Mailing Address 1141 WESTERN HILLS RD

City State Zip Code
ROCKDALE TX 76567

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.17890

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS BETTY GARDNER 648

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code
NOEL MO 64854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.18038

Amount of Each Receipt this Period

70.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

305.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN STANLEY GIBBS 748

Mailing Address 715 EASTERN HILLS RD

City State Zip Code
 HOLDENVILLE OK 74848

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
 03 24 2016

Transaction ID : SA11AI.18076

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR THOMAS GOCHBERG 100

Mailing Address 791 PARK AVE

City State Zip Code
 NEW YORK NY 10021

FEC ID number of contributing
federal political committee.

C

Name of Employer

TGM ASSOCIATION LP

Occupation

REAL ESTATE BROKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
 03 17 2016

Transaction ID : SA11AI.18095

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR FRANK W GORMAN 799 JR

Mailing Address 1606 DEDE LN

City State Zip Code
 EL PASO TX 79902

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
 03 14 2016

Transaction ID : SA11AI.18135

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD GRIFFIN 705

Mailing Address PO BOX 91610

City
LAFAYETTE

State Zip Code
LA 70509

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2016

Transaction ID : SA11AI.18178

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR GEORGE HAM 640

Mailing Address 4304 S MILLS ST

City
INDEPENDENCE

State Zip Code
MO 64055

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.18253

Amount of Each Receipt this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR EDWARD H HAMM 334

Mailing Address 243 S BEACH RD

City
HOBE SOUND

State Zip Code
FL 33455

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACOMA OIL CO

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.18256

Amount of Each Receipt this Period

900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. ADM THOMAS HAYWARD 981

Mailing Address 1223 SPRING ST APT 901

City
SEATTLE

State Zip Code
WA 98104

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11AI.18321

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADM THOMAS HAYWARD 981

Mailing Address 1223 SPRING ST APT 901

City
SEATTLE

State Zip Code
WA 98104

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2016

Transaction ID : SA11AI.18322

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS FRANCISCA HENDERSON 852

Mailing Address 122 N 82ND ST

City
MESA

State Zip Code
AZ 85207

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11AI.18341

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS FRANCISCA HENDERSON 852

Mailing Address 122 N 82ND ST

City State Zip Code
 MESA AZ 85207

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

945.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.18342

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPT TATNALL HILLMAN 025

Mailing Address PO BOX 332

City State Zip Code
 CHILMARK MA 02535

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.18407

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR RICHARD L HOFFMAN 467

Mailing Address 1300 N 550 E

City State Zip Code
 COLUMBIA CITY IN 46725

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOFFMAN & ASSOCIATES

Occupation

RELOCATION MGT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.18425

Amount of Each Receipt this Period

102.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1602.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ANDREW J HORNER 752

Mailing Address 13 DOWNS LAKE CIR

City State Zip Code
DALLAS TX 75230

FEC ID number of contributing
federal political committee.

C

Name of Employer
PREMIER DESIGNS INC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.18461

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR BRUCE C JACOBSON 483

Mailing Address 1019 WALLOON CT

City State Zip Code
LAKE ORION MI 48360

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.18553

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR BRUCE C JACOBSON 483

Mailing Address 1019 WALLOON CT

City State Zip Code
LAKE ORION MI 48360

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.18554

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BRUCE C JACOBSON 483

Mailing Address 1019 WALLOON CT

City
LAKE ORION

State Zip Code
MI 48360

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.18555

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANN JOHNSON 341

Mailing Address 6642 TRIDENT WAY

City
NAPLES

State Zip Code
FL 34108

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2016

Transaction ID : SA11AI.18587

Amount of Each Receipt this Period

70.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS WANDA JONES 985

Mailing Address 3700 14TH AVE SE UNIT 65

City
OLYMPIA

State Zip Code
WA 98501

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2625.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11AI.18634

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS NANCY KENFIELD 945

Mailing Address 2656 PTARMIGAN DR APT 4

City State Zip Code
 WALNUT CREEK CA 94595

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.18681

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MS MARY G KOEHL 774

Mailing Address 1307 MANOR LAKE CT

City State Zip Code
 RICHMOND TX 77406

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.18754

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR THOMAS F KYLE 130 III

Mailing Address 215 SUMMERHAVEN DR S

City State Zip Code
 EAST SYRACUSE NY 13057

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 31 / 2016

Transaction ID : SA11AI.18809

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR VERNON LEWIS 853

Mailing Address 204 E SANTA CRUZ DR

City State Zip Code
 GOODYEAR AZ 85338

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEWIS WELDING SUPPLY INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 11 2016

Transaction ID : SA11AI.18920

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR VERNON LEWIS 853

Mailing Address 204 E SANTA CRUZ DR

City State Zip Code
 GOODYEAR AZ 85338

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEWIS WELDING SUPPLY INC

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 14 2016

Transaction ID : SA11AI.18921

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR WESLEY LINDSTROM 561

Mailing Address 2743 171ST ST

City State Zip Code
 CURRIE MN 56123

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 18 2016

Transaction ID : SA11AI.18936

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

115.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)
A. MR ROBERT T MARTIN 330

Mailing Address 9 DIAMOND DRIVE

City State Zip Code
 KEY WEST FL 33040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 03 / 2016

Transaction ID : SA11AI.19056

Amount of Each Receipt this Period

2700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
B. MR ROBERT T MARTIN 330

Mailing Address 9 DIAMOND DRIVE

City State Zip Code
 KEY WEST FL 33040

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 18 / 2016

Transaction ID : SA11AI.19057

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)
C. MR RICHARD MARX 125

Mailing Address PO BOX 440

City State Zip Code
 WAPPINGERS FALLS NY 12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

692.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 21 / 2016

Transaction ID : SA11AI.19060

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ELLEN MCMILLAN 728

Mailing Address 320 S UTAH AVE

City State Zip Code
 RUSSELLVILLE AR 72801

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 07 / 2016

Transaction ID : SA11AI.19169

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ALVIN E MCQUINN 341

Mailing Address 1551 GULF SHORE BLVD S

City State Zip Code
 NAPLES FL 34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTMENT MGR & TRADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 09 / 2016

Transaction ID : SA11AI.19180

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS JOAN G MILAM 333

Mailing Address 2673 CENTER COURT DR

City State Zip Code
 WESTON FL 33332

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.19214

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

585.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS ELAINE MOCZYGEMBA 781

Mailing Address 452 K D M LN

City
HOBSON

State Zip Code
TX 78117

FEC ID number of contributing
federal political committee.

C

Name of Employer
PANNA MARIA HISTORICAL SOCIETY

Occupation
HISTORIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA11AI.19263

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR JAMES MORGAN 283

Mailing Address 813 OLEANDER CT

City
STEDMAN

State Zip Code
NC 28391

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.19288

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MS FRANCIS MORSE 956

Mailing Address 4181 FORT JIM RD

City
PLACERVILLE

State Zip Code
CA 95667

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11AI.19303

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PETER W MOYER 894

Mailing Address 118 ABBEY PEAK LN

City State Zip Code
 INCLINE VILLAGE NV 89451

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
 03 11 2016

Transaction ID : SA11AI.19310

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR CLAIR J MURPHY 551

Mailing Address 1626 RUTH ST N

City State Zip Code
 SAINT PAUL MN 55119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
 03 03 2016

Transaction ID : SA11AI.19337

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR CLAIR J MURPHY 551

Mailing Address 1626 RUTH ST N

City State Zip Code
 SAINT PAUL MN 55119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
 03 11 2016

Transaction ID : SA11AI.19338

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

335.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR FREDERICK MUZI 020

Mailing Address 10 POWISSET ST

City
DOVER

State
MA

Zip Code
02030

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.19350

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RALPH NELSON 932

Mailing Address PO BOX 1287

City
LEBEC

State
CA

Zip Code
93243

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 15 / 2016

Transaction ID : SA11AI.19385

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MS CONNIE C O'NEIL 681

Mailing Address 3214 N 159TH AVE

City
OMAHA

State
NE

Zip Code
68116

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY OF NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.19466

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 27 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS CONNIE C O'NEIL 681

Mailing Address 3214 N 159TH AVE

City

OMAHA

State

NE

Zip Code

68116

FEC ID number of contributing
federal political committee.

C

Name of Employer

EASTER SEAL SOCIETY OF NEBRASKA

Occupation

DIRECTOR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.19467

Amount of Each Receipt this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ALEC OBERSCHMIDT 921

Mailing Address 3202 UDALL ST

City

SAN DIEGO

State

CA

Zip Code

92106

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11AI.19438

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILFRED OLAFSON 895

Mailing Address 7765 N SOUTHMOOR CIR

City

RENO

State

NV

Zip Code

89502

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.19447

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

203.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 28 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MARGUERITE C OLEYAR 925

Mailing Address 41780 BUTTERFIELD STAGE RD

City State Zip Code
TEMECULA CA 92592

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
03 / 01 / 2016

Transaction ID : SA11AI.19450

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR PAUL PEELER 784 CPA

Mailing Address 11649 LEOPARD ST STE 3

City State Zip Code
CRP CHRISTI TX 78410

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
03 / 21 / 2016

Transaction ID : SA11AI.19561

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JORGE I PERALTA 897

Mailing Address 2421 OAK RIDGE DR

City State Zip Code
CARSON CITY NV 89703

FEC ID number of contributing
federal political committee.

C

Name of Employer

CARSON MEADOW APTS

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M = M / D = D / Y = Y - Y - Y
03 / 25 / 2016

Transaction ID : SA11AI.19578

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

575.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

| City | State | Zip Code |
|------|-------|----------|
| RYE | NY | 10580 |

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | / | 0 | 1 | / | 2 | 0 | 1 | 6 |

Transaction ID : SA11Al.19646

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

| City | State | Zip Code |
|------|-------|----------|
| RYE | NY | 10580 |

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | / | | 1 | / | 2 | 0 | 1 | 6 |

Transaction ID : SA11Al.19647

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

| City | State | Zip Code |
|------|-------|----------|
| RYE | NY | 10580 |

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

| M | M | / | D | D | / | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|---|---|
| 0 | 3 | / | | 2 | / | 2 | 0 | 1 | 6 |

Transaction ID : SA11Al.19648

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS PHYLLIS POHL 105

Mailing Address 720 MILTON ROAD APT NORTH F1

City State Zip Code
RYE NY 10580

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11AI.19649

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR DAVID POPP 677

Mailing Address 2025 SHERIDAN AVE APT 16

City State Zip Code
HOXIE KS 67740

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.19658

Amount of Each Receipt this Period

75.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR JOHN T PRATT 349

Mailing Address 1479 SW SHORELINE DR

City State Zip Code
PALM CITY FL 34990

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.19689

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1115.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 31 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS JOAN B RAK 857

Mailing Address 972 E CAMINO DIESTRO

City State Zip Code
TUCSON AZ 85704

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.19721

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR H CARL RECKNAGEL 531

Mailing Address 375 STATE ROAD 67 APT 258

City State Zip Code
DOUSMAN WI 53118

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 01 / 2016

Transaction ID : SA11AI.19742

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAUL D RICE 430

Mailing Address 466 GLYN TAWEL DR

City State Zip Code
GRANVILLE OH 43023

FEC ID number of contributing
federal political committee.

C

Name of Employer

RICE LAW LLC

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 03 / 2016

Transaction ID : SA11AI.19783

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

5750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 32 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR MELVIN A RIES 954

Mailing Address 3585 ROUND BARN BLVD
APT 329

City State Zip Code
SANTA ROSA CA 95403

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.19806

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR FRANKLIN T RUSSELL 145

Mailing Address 5624 PARDY SMITH RD

City State Zip Code
NEWARK NY 14513

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2016

Transaction ID : SA11AI.19896

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City State Zip Code
FORT MYERS FL 33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 18 / 2016

Transaction ID : SA11AI.19920

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 33 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City State Zip Code
 FORT MYERS FL 33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 28 / 2016

Transaction ID : SA11AI.19921

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR AL SHANE 917

Mailing Address 2175 FOOTHILL BLVD STE B

City State Zip Code
 LA VERNE CA 91750

FEC ID number of contributing
federal political committee.

C

Name of Employer

FINANCIAL LEARNING CENTER

Occupation

FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 08 / 2016

Transaction ID : SA11AI.20054

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PENDLETON SIEGEL 992

Mailing Address 2230 W RIVERSIDE AVE APT 101

City State Zip Code
 SPOKANE WA 99201

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 01 / 2016

Transaction ID : SA11AI.20100

Amount of Each Receipt this Period

500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

950.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR LEONARD SIGURDSEN 550

Mailing Address 4169 W BIRCHVIEW RD

City State Zip Code
 GRASSTON MN 55030

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M = M / D = D / Y = Y Y = Y
 03 18 2016

Transaction ID : SA11AI.20104

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MISS JOAN SINEX 950

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code
 SANTA CRUZ CA 95065

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.00

Date of Receipt

M = M / D = D / Y = Y Y = Y
 03 18 2016

Transaction ID : SA11AI.20117

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MISS JOAN SINEX 950

Mailing Address 3400 PAUL SWEET RD UNIT C

City State Zip Code
 SANTA CRUZ CA 95065

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

M = M / D = D / Y = Y Y = Y
 03 28 2016

Transaction ID : SA11AI.20118

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WILLIAM B SNYDER 337

Mailing Address 555 5TH AVE NE PH 2

City State Zip Code
SAINT PETERSBURG FL 33701

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.20173

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR RICHARD STAR 530

Mailing Address 19045 THOMSON DR UNIT 1204

City State Zip Code
BROOKFIELD WI 53045

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENGMAN-TAYLOR COMPANY

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11AI.20217

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR VERLE D STARKEY 670

Mailing Address 220 NW 150TH AVE

City State Zip Code
HAVILAND KS 67059

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 25 / 2016

Transaction ID : SA11AI.20221

Amount of Each Receipt this Period

195.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1445.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR EDWARD STILES 405

Mailing Address 3168 ROXBURG DR

City

LEXINGTON

State

KY

Zip Code

40503

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
03 / 21 / 2016

Transaction ID : SA11AI.20254

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MS MARTHA SUMMERS 801

Mailing Address 3177 S GRANT ST

City

ENGLEWOOD

State

CO

Zip Code

80113

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
03 / 29 / 2016

Transaction ID : SA11AI.20289

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

860.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
03 / 03 / 2016

Transaction ID : SA11AI.20376

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

750.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 37 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 04 2016

Transaction ID : SA11AI.20377

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 28 2016

Transaction ID : SA11AI.20378

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 28 2016

Transaction ID : SA11AI.20379

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 OF 181

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS KETURAH THUNDER-HAAB 481

Mailing Address 436 PINE BRAE ST

City State Zip Code
 ANN ARBOR MI 48105

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 29 / 2016

Transaction ID : SA11AI.20380

Amount of Each Receipt this Period

90.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ROBERT S TROTH 341

Mailing Address 3003 GULF SHORE BLVD N APT 301

City State Zip Code
 NAPLES FL 34103

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 10 / 2016

Transaction ID : SA11AI.20422

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR ROBERT S TROTH 341

Mailing Address 3003 GULF SHORE BLVD N APT 301

City State Zip Code
 NAPLES FL 34103

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2016

Transaction ID : SA11AI.20423

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

590.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 39 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT L WALDEN 647

Mailing Address 34 NW 1144 PRIVATE RD

City

LEETON

State

MO

Zip Code

64761

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 11 / 2016

Transaction ID : SA11AI.20531

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR ROBERT L WALDEN 647

Mailing Address 34 NW 1144 PRIVATE RD

City

LEETON

State

MO

Zip Code

64761

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

03 / 28 / 2016

Transaction ID : SA11AI.20532

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MR ROBERT L WALDEN 647

Mailing Address 34 NW 1144 PRIVATE RD

City

LEETON

State

MO

Zip Code

64761

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2016

Transaction ID : SA11AI.20533

Amount of Each Receipt this Period

75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR KENNETH C WALDO 276 JR

Mailing Address 1000 DEERFIELD RD

City
RALEIGH

State Zip Code
NC 27609

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11AI.20536

Amount of Each Receipt this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MR J D WALKER 761

Mailing Address 6917 BAL LAKE DR

City
FORT WORTH

State Zip Code
TX 76116

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

NOT EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2016

Transaction ID : SA11AI.20541

Amount of Each Receipt this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DR WILLIAM WOLFF 921

Mailing Address 16023 AVENIDA LAMEGO

City
SAN DIEGO

State Zip Code
CA 92128

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 11 / 2016

Transaction ID : SA11AI.20721

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 41 OF 181

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DONALD WOODHOUSE 490

Mailing Address PO BOX 635

City

DOWAGIAC

State

MI

Zip Code

49047

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
03 / 10 / 2016

Transaction ID : SA11AI.20732

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MRS MARILYN M WOODHOUSE 770

Mailing Address 650 RAMBLEWOOD RD

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
03 / 07 / 2016

Transaction ID : SA11AI.20735

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MRS AUDREY ZIMMER 564

Mailing Address 509 7TH ST NE

City

STAPLES

State

MN

Zip Code

56479

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M = M / D = D / Y = Y Y Y Y
03 / 28 / 2016

Transaction ID : SA11AI.20768

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

34108.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 181

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 206

City State Zip Code
STERLING VA 20166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 30 / 2016

Transaction ID : SA15.20812

Amount of Each Receipt this Period

544.00

☐ Memo Item

REFUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

544.00

544.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. SAUL ANUZIS

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 28 | | 2016 |

Mailing Address 555 - 12TH STREET NW
SUITE 630

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement
COMMISSION

001

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20785

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL CAGING CORP

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 17 | | 2016 |

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
CAGING SERVICES

001

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20777

Amount of Each Disbursement this Period

972.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL CAGING CORP

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 24 | | 2016 |

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
CAGING SERVICES

001

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20778

Amount of Each Disbursement this Period

691.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 1864.20 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CAPITOL CAGING CORP

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 24 | / | 2016 |

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
CAGING SERVICES

001

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20779

Amount of Each Disbursement this Period

123.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 07 | / | 2016 |

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20802

Amount of Each Disbursement this Period

18403.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 07 | / | 2016 |

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20803

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

21526.83

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 17 | / | 2016 |

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20804

Amount of Each Disbursement this Period

7235.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 17 | / | 2016 |

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20805

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 24 | / | 2016 |

Mailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Candidate Name

VIGOPCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20806

Amount of Each Disbursement this Period

1966.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14201.54

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICESMailing Address 504 SHAW RD
SUITE 206

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | | 2 | 4 | | | | 2 | 0 | 1 | 6 |

Transaction ID : SB21B.20807

Amount of Each Disbursement this Period

2664.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES INCMailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | | 1 | 7 | | | | 2 | 0 | 1 | 6 |

Transaction ID : SB21B.20814

Amount of Each Disbursement this Period

1558.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES INCMailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 3 | | | | 1 | 7 | | | | 2 | 0 | 1 | 6 |

Transaction ID : SB21B.20815

Amount of Each Disbursement this Period

3248.12

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7471.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DIRECT SUPPORT SERVICES INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 17 | / | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20816

Amount of Each Disbursement this Period

| |
|--------|
| 259.88 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 24 | / | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
VIGOP DIRECT MAIL - POSTAGE

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.31978

Amount of Each Disbursement this Period

| |
|---------|
| 5947.14 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DONOR BUREAU

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | / | 24 | / | 2016 |

Mailing Address 1900 N CULPEPPER ST

City ARLINGTON State VA Zip Code 22207

Purpose of Disbursement
LIST ENHANCEMENT

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20810

Amount of Each Disbursement this Period

| |
|--------|
| 225.24 |
|--------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 6432.26 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DONOR BUREAU

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2016 |

Mailing Address 1900 N CULPEPPER ST

| | | |
|-----------|-------|----------|
| City | State | Zip Code |
| ARLINGTON | VA | 22207 |

Purpose of Disbursement
LIST ENHANCEMENT

003

Transaction ID : SB21B.20811

Amount of Each Disbursement this Period

| |
|--------|
| 252.12 |
|--------|

☐ Memo Item

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 01 | / | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
SERVICE CHARGE

001

Transaction ID : SB21B.20789

Amount of Each Disbursement this Period

| |
|--------|
| 154.94 |
|--------|

☐ Memo Item

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 01 | / | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
SERVICE CHARGE

001

Transaction ID : SB21B.20790

Amount of Each Disbursement this Period

| |
|-------|
| 41.78 |
|-------|

☐ Memo Item

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

448.84

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

| | | |
|-----------------|-------------|-------------------|
| City FAIRFAX | State VA | Zip Code 22030 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 01 | | 2016 |

Transaction ID : SB21B.20791

Amount of Each Disbursement this Period

| |
|--------|
| 148.18 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

| | | |
|-----------------|-------------|-------------------|
| City FAIRFAX | State VA | Zip Code 22030 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 01 | | 2016 |

Transaction ID : SB21B.20792

Amount of Each Disbursement this Period

| |
|--------|
| 114.24 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Mailing Address 11325 RANDOM HILLS RD

| | | |
|-----------------|-------------|-------------------|
| City FAIRFAX | State VA | Zip Code 22030 |
|-----------------|-------------|-------------------|

Purpose of Disbursement
SERVICE CHARGE

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 01 | | 2016 |

Transaction ID : SB21B.20793

Amount of Each Disbursement this Period

| |
|------|
| 9.92 |
|------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

272.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 07 | | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
CCCP MONTHLY FEE

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20794

Amount of Each Disbursement this Period

| |
|-------|
| 79.00 |
|-------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 07 | | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
CCCP MONTHLY FEE

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20795

Amount of Each Disbursement this Period

| |
|-------|
| 37.25 |
|-------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | | 07 | | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
CCCP MONTHLY FEE

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20796

Amount of Each Disbursement this Period

| |
|-------|
| 74.50 |
|-------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|--------|
| 190.75 |
|--------|

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 07 | | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
CCCP MONTHLY FEE

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20797

Amount of Each Disbursement this Period

| |
|-------|
| 61.50 |
|-------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 10 | | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
TRANSFIRST DISCOUNT FEES

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20798

Amount of Each Disbursement this Period

| |
|--------|
| 829.06 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 10 | | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
TRANSFIRST DISCOUNT FEES

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20799

Amount of Each Disbursement this Period

| |
|--------|
| 108.50 |
|--------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

999.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 10 | / | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
TRANSFIRST DISCOUNT FEES

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20800

Amount of Each Disbursement this Period

| |
|--------|
| 362.23 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 10 | / | 2016 |

Mailing Address 11325 RANDOM HILLS RD

| | | |
|---------|-------|----------|
| City | State | Zip Code |
| FAIRFAX | VA | 22030 |

Purpose of Disbursement
TRANSFIRST DISCOUNT FEES

001

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20801

Amount of Each Disbursement this Period

| |
|--------|
| 240.39 |
|--------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FORTH RIGHT STRATEGY INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 07 | / | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

| | | |
|------------|-------|----------|
| City | State | Zip Code |
| WASHINGTON | DC | 20005 |

Purpose of Disbursement
VIGOP DIRECT MAIL - CREATIVE

003

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID : SB21B.20825

Amount of Each Disbursement this Period

| |
|--------|
| 360.43 |
|--------|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|--------|
| 963.05 |
|--------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FORTH RIGHT STRATEGY INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
INDEPENDENT EXPENDITURES REPORTED ON LN 24

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.31970

Amount of Each Disbursement this Period

61734.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FORTH RIGHT STRATEGY INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 31 | | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
INDEPENDENT EXPENDITURES REPORTED ON LN 24

001

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.31977

Amount of Each Disbursement this Period

-61734.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEGACY LIST MANAGEMENT INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 07 | | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LIST RENTALS

003

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20831

Amount of Each Disbursement this Period

3378.65

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

| |
|---------|
| 3378.65 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. LEGACY LIST MANAGEMENT INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 07 | | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LIST RENTALS

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20834

Amount of Each Disbursement this Period

2409.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEGACY LIST MANAGEMENT INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 24 | | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LIST RENTALS

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20832

Amount of Each Disbursement this Period

201.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LEGACY LIST MANAGEMENT INC

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 24 | | 2016 |

Mailing Address 1155 - 15TH STREET NW
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
LIST RENTALS

003

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : SB21B.20833

Amount of Each Disbursement this Period

622.82

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3233.21

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MACKENZIE & COMPANYMailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 07 | | 2016 |

Transaction ID : SB21B.20780

Amount of Each Disbursement this Period

1404.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MACKENZIE & COMPANYMailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 24 | | 2016 |

Transaction ID : SB21B.20781

Amount of Each Disbursement this Period

495.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANYMailing Address 2776 S ARLINGTON MILL DR
NUM 806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
CONSULTING - COMPLIANCE

001

Category/
Type

Candidate Name

VIGOPOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 03 | | 24 | | 2016 |

Transaction ID : SB21B.20782

Amount of Each Disbursement this Period

687.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 2587.00 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. RHA MARKETING

Mailing Address 1272 CORPORATE PARK RD

City
FORESTState
VAZip Code
24551Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2016 |

Transaction ID : SB21B.20835

Amount of Each Disbursement this Period

4247.46

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SIMPKINS ESCROW LLC

Mailing Address ST JUST RD

City
UNIONVILLEState
VAZip Code
22567Purpose of Disbursement
ESCROW SERVICES

001

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 07 | / | 2016 |

Transaction ID : SB21B.20786

Amount of Each Disbursement this Period

737.49

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SIMPKINS ESCROW LLC

Mailing Address ST JUST RD

City
UNIONVILLEState
VAZip Code
22567Purpose of Disbursement
ESCROW SERVICES

001

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2016 |

Transaction ID : SB21B.20787

Amount of Each Disbursement this Period

245.62

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| |
|---------|
| 5230.57 |
|---------|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 OF 181

| | | | | | |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW LLC

Mailing Address ST JUST RD

City
UNIONVILLEState
VAZip Code
22567Purpose of Disbursement
ESCROW SERVICES

001

Category/
Type

Candidate Name

VIGOP

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 03 | / | 24 | / | 2016 |

Transaction ID : SB21B.20788

Amount of Each Disbursement this Period

| |
|--------|
| 399.32 |
|--------|

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
|-----|---|-----|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

399.32

69198.67

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 58 OF 181

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MOONEY FOR CONGRESS

Mailing Address P.O. BOX 1863

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| MARTINSBURG | WV | 25402 |

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

ALEXANDER XAVIER MOONEYCategory/
Type

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: WV District: 02

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 01 | / | 2016 |

Transaction ID : SB23.20839

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PATRICK MOONEY FOR CONGRESS

Mailing Address PO BOX 730774

| | | |
|--------------|-------|----------|
| City | State | Zip Code |
| ORMOND BEACH | FL | 32173 |

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

Candidate Name

PATRICK MOONEYCategory/
Type

| | |
|----------------|---|
| Office Sought: | <input checked="" type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|--|
| Disbursement For: 2016 |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: FL District: 06

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 03 | / | 01 | / | 2016 |

Transaction ID : SB23.20840

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

Purpose of Disbursement

Category/
Type

Candidate Name

| | |
|----------------|------------------------------------|
| Office Sought: | <input type="checkbox"/> House |
| | <input type="checkbox"/> Senate |
| | <input type="checkbox"/> President |

| |
|---|
| Disbursement For: |
| <input type="checkbox"/> Primary <input type="checkbox"/> General |
| <input type="checkbox"/> Other (specify) ▼ |

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2000.00

2000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 59 OF 181

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITOL CAGING CORPNature of Debt (Purpose):
CAGING SERVICESMailing Address 504 SHAW RD
SUITE 206City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

2490.47

Transaction ID : SD10.4170

Amount Incurred This Period

0.00

Payment This Period

1787.67

Outstanding Balance at Close of This Period

702.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD
SUITE 206City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

142352.44

Transaction ID : SD10.4171

Amount Incurred This Period

0.00

Payment This Period

57901.60

Outstanding Balance at Close of This Period

84450.84

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DONOR BUREAUNature of Debt (Purpose):
LIST ENHANCEMENTS

Mailing Address 1900 N CULPEPPER ST

City State Zip Code
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

2935.23

Transaction ID : SD10.4174

Amount Incurred This Period

0.00

Payment This Period

477.36

Outstanding Balance at Close of This Period

2457.87

1) **SUBTOTALS** This Period This Page (optional)..... ►

87611.51

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 60 OF 181

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DSSINature of Debt (Purpose):
DATA PROCESSINGMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

16396.53

Transaction ID : SD10.4168

Amount Incurred This Period

0.00

Payment This Period

2478.92

Outstanding Balance at Close of This Period

13917.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FORTH RIGHT STRATEGY INCNature of Debt (Purpose):
DIRECT MAIL - CREATIVEMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

141895.01

Transaction ID : SD10.4166

Amount Incurred This Period

73473.57

Payment This Period

73699.88

Outstanding Balance at Close of This Period

141668.70

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INTEGRAMNature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 8421 HILLTOP RD

City State Zip Code
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

13311.13

Transaction ID : SD10.4175

Amount Incurred This Period

0.00

Payment This Period

5127.29

Outstanding Balance at Close of This Period

8183.84

1) **SUBTOTALS** This Period This Page (optional)..... ►

163770.15

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 61 OF 181

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LIST MANAGEMENT INCNature of Debt (Purpose):
LIST RENTALSMailing Address 1155 - 15TH STREET NW
SUITE 410City State Zip Code
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

11993.80

Transaction ID : SD10.4169

Amount Incurred This Period

0.00

Payment This Period

6611.86

Outstanding Balance at Close of This Period

5381.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACKENZIE & COMPANYNature of Debt (Purpose):
CONSULTING - COMPLIANCEMailing Address 2776 S ARLINGTON MILL DR
NUM 806City State Zip Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

10488.20

Transaction ID : SD10.4172

Amount Incurred This Period

0.00

Payment This Period

2587.00

Outstanding Balance at Close of This Period

7901.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RHA MARKETINGNature of Debt (Purpose):
VIGOP DIRECT MAIL - PRINTING &
MAILSHOP

Mailing Address 1272 CORPORATE PARK RD

City State Zip Code
FOREST VA 24551

Outstanding Balance Beginning This Period

4247.46

Transaction ID : SD10.9141

Amount Incurred This Period

0.00

Payment This Period

4247.46

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

13283.14

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 62 OF 181

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SIMPKINS ESCROW LLCNature of Debt (Purpose):
ESCROW SERVICESMailing Address **ST JUST RD**

City State

Zip Code

UNIONVILLE**VA****22567**

Outstanding Balance Beginning This Period

1500.90**Transaction ID : SD10.4173**

Amount Incurred This Period

0.00

Payment This Period

1382.43

Outstanding Balance at Close of This Period

118.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►**118.47**2) **TOTALS** This Period (last page this line number only)..... ►**264783.27**3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►**0.00**4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►**264783.27**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 63 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 23 / 2016 | |
| Mailing Address 504 SHAW RD SUITE 206 | | Amount 1162.38 | |
| City STERLING | State VA | Zip Code 20166 | Transaction ID : SE.25491 |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 24 / 2016 |
| Name of Federal Candidate THOMAS EARL JR. EMMER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> |
| Calendar Year-To-Date Per Election for Office Sought 1666.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 23 / 2016 | |
| Mailing Address 504 SHAW RD SUITE 206 | | Amount 1162.38 | |
| City STERLING | State VA | Zip Code 20166 | Transaction ID : SE.25492 |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 24 / 2016 |
| Name of Federal Candidate RYAN K ZINKE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u> |
| Calendar Year-To-Date Per Election for Office Sought 1666.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 2324.76 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 64 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 23 / 2016 | |
| Mailing Address 504 SHAW RD SUITE 206 | | Amount 1162.38 | |
| City STERLING | State VA | Zip Code 20166 | Transaction ID : SE.25493 |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 24 / 2016 |
| Name of Federal Candidate WILLIAM HURD | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> |
| Calendar Year-To-Date Per Election for Office Sought 2660.49 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 23 / 2016 | |
| Mailing Address 504 SHAW RD SUITE 206 | | Amount 1162.38 | |
| City STERLING | State VA | Zip Code 20166 | Transaction ID : SE.25494 |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 24 / 2016 |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> |
| Calendar Year-To-Date Per Election for Office Sought 2660.49 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 2324.76 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 65 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 23 / 2016</div> | |
| Mailing Address 504 SHAW RD SUITE 206 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1162.38</div> | |
| City STERLING | | State VA | Zip Code 20166 | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Transaction ID : SE.25495 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 24 / 2016</div> |
| Name of Federal Candidate ALEXANDER XAVIER MOONEY | | | <input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 23 / 2016</div> | |
| Mailing Address 504 SHAW RD SUITE 206 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1162.38</div> | |
| City STERLING | | State VA | Zip Code 20166 | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Transaction ID : SE.25496 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 24 / 2016</div> |
| Name of Federal Candidate BENJAMIN E SASSE | | | <input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">2324.76</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature SCOTT B MACKENZIE | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2016</div> | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 66 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|--|--|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> | | | | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> | |
| Mailing Address 504 SHAW RD SUITE 206 | | | Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1162.38 | |
| City STERLING | | State VA | Zip Code 20166 | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 004 | | Transaction ID : SE.25497 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |
| Name of Federal Candidate KELLY A AYOTTE | | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1666.48 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> | |
| Mailing Address 504 SHAW RD SUITE 206 | | | Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1162.38 | |
| City STERLING | | State VA | Zip Code 20166 | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/Type <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> 004 | | Transaction ID : SE.25498 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> |
| Name of Federal Candidate ROB PORTMAN | | | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>OH</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1666.52 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2324.76 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <div style="border-top: 1px solid black; width: 100%;"></div> | | | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> | |

SCOTT B MACKENZIE

[Electronically Filed]

Date

 / /

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div> <div>MM / DD / YY</div> <div>03 / 23 / 2016</div> </div> | |
| Mailing Address 504 SHAW RD SUITE 206 | | Amount <div> <div></div> <div>1162.38</div> </div> | | |
| City STERLING | State VA | Zip Code 20166 | Transaction ID : SE.25500 Date of Disbursement or Obligation <div> <div>MM / DD / YY</div> <div>03 / 24 / 2016</div> </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/ Type | <div> <div></div> <div>004</div> </div> | |
| Name of Federal Candidate TIMOTHY E SCOTT | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC | |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div></div> <div>2660.50</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 2324.80 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> | | | | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> | |
| Mailing Address 504 SHAW RD SUITE 206 | | | Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1162.38 | |
| City STERLING | | State VA | Zip Code 20166 | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | |
| Name of Federal Candidate RONALD HAROLD JOHNSON | | | Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 1666.48 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> | |
| Mailing Address 504 SHAW RD SUITE 206 | | | Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 2281.99 | |
| City STERLING | | State VA | Zip Code 20166 | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | |
| Name of Federal Candidate WILLIAM HURD | | | Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 4942.48 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 3444.37 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature SCOTT B MACKENZIE | | | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 10 / 2016 | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 69 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | <input type="checkbox"/> Memo Item | |
| Mailing Address 504 SHAW RD SUITE 206 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 24 / 2016 | |
| City STERLING | | State VA | |
| Zip Code 20166 | | Amount 2281.98 | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/Type 004 | |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| 4942.47 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee CONSOLIDATED MAILING SERVICES | | <input type="checkbox"/> Memo Item | |
| Mailing Address 504 SHAW RD SUITE 206 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 24 / 2016 | |
| City STERLING | | State VA | |
| Zip Code 20166 | | Amount 2281.99 | |
| Purpose of Expenditure VOTER CONTACT MAIL - PRINTING & MAILSHOP | | Category/Type 004 | |
| Name of Federal Candidate TIMOTHY E SCOTT | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC | |
| 4942.49 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 4563.97 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>02 / 22 / 2016</div> </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div> <div>Amount</div> <div>2858.26</div> </div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25507 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 17 / 2016</div> </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div> <div>Category/Type</div> <div>001</div> </div> | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought <div> <div>Calendar Year-To-Date Per Election for Office Sought</div> <div>23585.68</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____ | | |

| | | | | | |
|--|-------------|--|--|--|--|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | | Amount 2827.59 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25508 | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2016 | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: | | |
| Calendar Year-To-Date Per Election for Office Sought | | 26413.27 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► | |

| | | |
|--|---|---------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 5685.85 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 71 OF 181
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 4358.21 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25509 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 001 | Date of Disbursement or Obligation 03 / 17 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 30771.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 504.10 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25513 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 17 / 2016 | |
| Name of Federal Candidate THOMAS EARL JR. EMMER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> | |
| Calendar Year-To-Date Per Election for Office Sought 504.10 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 4862.31 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 72 OF 181
FOR LINE 24 OF FORM 3X

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|--|--|---|---|---|---|--|--|---|---|---|---|---|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | | | | | | | | | | | | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>/</td><td></td><td></td></tr> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>/</td><td></td><td></td></tr> <tr><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>Y</td><td>Y</td><td>Y</td></tr> </table> | | | M | M | M | / | | | D | D | D | / | | | Y | Y | Y | Y | Y | Y |
| M | M | M | | | | | | | | | | | | | | | | | | |
| / | | | | | | | | | | | | | | | | | | | | |
| D | D | D | | | | | | | | | | | | | | | | | | |
| / | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | | | | | | | | | | | | | | | | | | |

| | | | | |
|--|-------------|--|--|---|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 504.10 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25514 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2016 | |
| Name of Federal Candidate RYAN K ZINKE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | District: 00 State: MT |
| Calendar Year-To-Date Per Election for Office Sought | | 504.10 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|--|---|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 504.10 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25515 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2016 | |
| Name of Federal Candidate WILLIAM HURD | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | District: 23 State: TX |
| Calendar Year-To-Date Per Election for Office Sought | | 504.10 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1008.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 181
 FOR LINE 24 OF FORM 3X

| | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | | | | | | | | | | | | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td>M</td></tr> <tr><td>/</td><td>/</td><td>/</td></tr> <tr><td>D</td><td>D</td><td>D</td></tr> <tr><td>/</td><td>/</td><td>/</td></tr> <tr><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>Y</td><td>Y</td><td>Y</td></tr> </table> | | | M | M | M | / | / | / | D | D | D | / | / | / | Y | Y | Y | Y | Y | Y |
| M | M | M | | | | | | | | | | | | | | | | | | |
| / | / | / | | | | | | | | | | | | | | | | | | |
| D | D | D | | | | | | | | | | | | | | | | | | |
| / | / | / | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | | | | | | | | | | | | | | | | | | |

| | | | | |
|--|-------------|--|---|---|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 504.10 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25516 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2016 | |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | District: 04 State: UT |
| Calendar Year-To-Date Per Election for Office Sought | | 504.10 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|---|---|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 504.10 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25517 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2016 | |
| Name of Federal Candidate ALEXANDER XAVIER MOONEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | District: 02 State: WV |
| Calendar Year-To-Date Per Election for Office Sought | | 504.10 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 1008.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 74 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 504.10 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25518 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 17 / 2016 | |
| Name of Federal Candidate BENJAMIN E SASSE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u> | |
| Calendar Year-To-Date Per Election for Office Sought 504.10 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 504.10 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25519 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 17 / 2016 | |
| Name of Federal Candidate KELLY A AYOTTE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u> | |
| Calendar Year-To-Date Per Election for Office Sought 504.10 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1008.20 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 75 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| City State Zip Code WASHINGTON DC 20005 | | Amount 504.14 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate ROB PORTMAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH | |
| 504.14 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| City State Zip Code WASHINGTON DC 20005 | | Amount 504.10 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate PATRICK JOSEPH TOOMEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA | |
| 504.10 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 1008.24 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 76 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | |
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| City State Zip Code WASHINGTON DC 20005 | | Amount 504.10 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate TIMOTHY E SCOTT | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 504.10 | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| City State Zip Code WASHINGTON DC 20005 | | Amount 504.10 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate RONALD HAROLD JOHNSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought 504.10 | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u> | |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 1008.20 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 77 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination 03 / 24 / 2016 | |
| City WASHINGTON | | State DC | Zip Code 20005 | Amount 994.01 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Transaction ID : SE.25524 Date of Disbursement or Obligation 03 / 17 / 2016 | |
| Name of Federal Candidate WILLIAM HURD | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 1498.11 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination 03 / 24 / 2016 | |
| City WASHINGTON | | State DC | Zip Code 20005 | Amount 994.01 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Transaction ID : SE.25525 Date of Disbursement or Obligation 03 / 17 / 2016 | |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 1498.11 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | | 1988.02 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature SCOTT B MACKENZIE | | [Electronically Filed] | | Date 09 / 10 / 2016 |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 78 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | |
|--|---|--|--|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 24 / 2016</div> </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">994.02</div> | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25526 |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2016 |
| Name of Federal Candidate TIMOTHY E SCOTT | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|--|---|---|--|
| Full Name of Payee DIRECT SUPPORT SERVICES INC | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 30 / 2016</div> </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4320.00</div> | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.31985 |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div> | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5314.02</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 79 OF 181
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | | | |
| Full Name of Payee DSSI | | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 02 / 22 / 2016 | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 125.00 | | |
| City WASHINGTON | | State DC | Zip Code 20005 | | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/Type 004 | | Transaction ID : SE.25527 Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 24 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 34134.78 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| Full Name of Payee DSSI | | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 09 / 2016 | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 126.18 | | |
| City WASHINGTON | | State DC | Zip Code 20005 | | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/Type 004 | | Transaction ID : SE.25528 Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 24 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 34260.96 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 251.18 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature SCOTT B MACKENZIE | | | Date MM / DD / YYYYYY 09 / 10 / 2016 | | |

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 80 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-----------------------------|--|---|
| Full Name of Payee DSSI | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 125.00 |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25529 |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | 34385.96 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | | |
|---|-----------------------------|--|---|
| Full Name of Payee DSSI | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 121.01 |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25530 |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016 |
| Name of Federal Candidate THOMAS EARL JR. EMMER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN |
| Calendar Year-To-Date Per Election for Office Sought | | 1787.49 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|--|---------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 246.01 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 81 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|-------------------|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> | | | | |
| Full Name of Payee DSSI <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 23 / 2016</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">121.01</div> | |
| City WASHINGTON | | State DC | Zip Code 20005 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate RYAN K ZINKE | | | Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MT | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">1787.49</div> | | | | |
| Full Name of Payee DSSI <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 23 / 2016</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">121.01</div> | |
| City WASHINGTON | | State DC | Zip Code 20005 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate WILLIAM HURD | | | Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">5063.49</div> | | | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">242.02</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature SCOTT B MACKENZIE | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2016</div> | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 82 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | | |
| Full Name of Payee DSSI | | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| City WASHINGTON | | | State DC | |
| Zip Code 20005 | | | Amount 121.01 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | | Category/Type 004 | |
| Name of Federal Candidate MIA LOVE | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | | | District: 04 State: UT | |
| Calendar Year-To-Date Per Election for Office Sought 5063.48 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee DSSI | | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| City WASHINGTON | | | State DC | |
| Zip Code 20005 | | | Amount 121.01 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | | Category/Type 004 | |
| Name of Federal Candidate ALEXANDER XAVIER MOONEY | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate | | | District: 02 State: WV | |
| Calendar Year-To-Date Per Election for Office Sought 1787.49 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | | 242.02 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | | |
| (c) TOTAL Independent Expenditures..... | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature SCOTT B MACKENZIE | | | Date MM / DD / YYYY 09 / 10 / 2016 | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 83 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|---|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee DSSI | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 23 / 2016</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">121.01</div> | |
| City WASHINGTON | | State DC | Zip Code 20005 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div> | | |
| Name of Federal Candidate BENJAMIN E SASSE | | | Office Sought: <input checked="" type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1787.49</div> | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">121.01</div> | |
| Full Name of Payee DSSI | | | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 23 / 2016</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">121.01</div> | |
| City WASHINGTON | | State DC | Zip Code 20005 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">004</div> | | |
| Name of Federal Candidate KELLY A AYOTTE | | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1787.49</div> | | | <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">121.01</div> | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">242.02</div> | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | | | |
| (c) TOTAL Independent Expenditures..... ▶ <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div> | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <div style="text-align: right;">SCOTT B MACKENZIE</div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2016</div> | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 84 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee DSSI | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 121.01 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/Type 004 | |
| Name of Federal Candidate ROB PORTMAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: <u>00</u> State: <u>OH</u> | |
| Calendar Year-To-Date Per Election for Office Sought 1787.53 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee DSSI | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 23 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 121.01 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/Type 004 | |
| Name of Federal Candidate PATRICK JOSEPH TOOMEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | District: <u>00</u> State: <u>PA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 1787.53 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 242.02 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 <i>[Electronically Filed]</i> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 85 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | | |
| Full Name of Payee DSSI | | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 23 / 2016 | |
| City WASHINGTON | | | State DC | |
| Zip Code 20005 | | | Amount 121.01 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | | Category/Type 004 | |
| Name of Federal Candidate TIMOTHY E SCOTT | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | | District: 00 State: SC | |
| Calendar Year-To-Date Per Election for Office Sought 5063.50 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee DSSI | | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 23 / 2016 | |
| City WASHINGTON | | | State DC | |
| Zip Code 20005 | | | Amount 121.01 | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | | Category/Type 004 | |
| Name of Federal Candidate RONALD HAROLD JOHNSON | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate | | | District: 00 State: WI | |
| Calendar Year-To-Date Per Election for Office Sought 1787.49 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 242.02 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature SCOTT B MACKENZIE | | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 86 OF 181
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|-----------------------------|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div> | | | | | |
| Full Name of Payee DSSI | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016 | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 257.21 | | |
| City WASHINGTON | | State DC | Zip Code 20005 | | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/Type 004 | | Transaction ID : SE.25541 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 24 / 2016 | |
| Name of Federal Candidate WILLIAM HURD | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX | | |
| Calendar Year-To-Date Per Election for Office Sought 5320.70 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee DSSI | | | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 24 / 2016 | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 257.21 | | |
| City WASHINGTON | | State DC | Zip Code 20005 | | |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/Type 004 | | Transaction ID : SE.25542 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 24 / 2016 | |
| Name of Federal Candidate MIA LOVE | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | | |
| Calendar Year-To-Date Per Election for Office Sought 5320.69 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 514.42 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature SCOTT B MACKENZIE | | | Date 09 / 10 / 2016 <div style="text-align: center;">[Electronically Filed]</div> | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 87 OF 181
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div> | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> | | | | | |
| Full Name of Payee DSSI | | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 24 / 2016</div> | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">257.21</div> | | |
| City WASHINGTON | | State DC | Zip Code 20005 | | Transaction ID : SE.25543 |
| Purpose of Expenditure VOTER MAIL - DATA PROCESSING | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 24 / 2016</div> | |
| Name of Federal Candidate TIMOTHY E SCOTT | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">5320.71</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">02 / 22 / 2016</div> | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">248.76</div> | | |
| City WASHINGTON | | State DC | Zip Code 20005 | | Transaction ID : SE.25550 |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">03 / 07 / 2016</div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">20248.76</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">505.97</div> | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <div style="border-top: 1px solid black; width: 100%;"></div> | | | Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">09 / 10 / 2016</div> | | |

SCOTT B MACKENZIE

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 88 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | Zip Code 20005 | Amount 478.66 |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | | Transaction ID : SE.25553 Date of Disbursement or Obligation 03 / 07 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought 20727.42 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | Zip Code 20005 | Amount 179.47 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | | Transaction ID : SE.9251 Date of Disbursement or Obligation 03 / 09 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 478.66 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature SCOTT B MACKENZIE | | | Date 09 / 10 / 2016 | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 89 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 26.09 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9252 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 237.18 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9253 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 90 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| City State Zip Code WASHINGTON DC 20005 | | Amount 108.76 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| City State Zip Code WASHINGTON DC 20005 | | Amount 1387.70 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 91 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-----------------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 189.78 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9256 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-----------------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 135.61 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9257 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 92 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 34.30 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9258 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 735.50 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9259 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 93 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | |

| | | |
|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 357.68 </div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | Transaction ID : SE.9260 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 09 / 2016 </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 52.26 </div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | Transaction ID : SE.9261 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY 03 / 09 / 2016 </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
 09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 94 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 56.49 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9262 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 477.11 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9263 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 95 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-----------------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 240.20 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9264 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IN | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-----------------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 114.16 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9265 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|---|---|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">104.85</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Transaction ID : SE.9266 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type <div style="border: 1px solid black; padding: 0 5px;">004</div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: KS |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | |

| | | |
|---|---|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">163.50</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Transaction ID : SE.9267 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type <div style="border: 1px solid black; padding: 0 5px;">004</div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: KY |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 97 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">168.78</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | Transaction ID : SE.9268 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">51.71</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | Transaction ID : SE.9269 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 98 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 218.83 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9270 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 253.05 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9271 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 99 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 370.13 Transaction ID : SE.9272 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | City WASHINGTON | |
| State DC | | Zip Code 20005 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 198.60 Transaction ID : SE.9273 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | City WASHINGTON | |
| State DC | | Zip Code 20005 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <div style="border-top: 1px solid black; width: 100%;"></div> | | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 09 / 10 / 2016 | |

SCOTT B MACKENZIE

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 100 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">108.80</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | Transaction ID : SE.9274 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">224.54</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | Transaction ID : SE.9275 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 101 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 37.88 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 67.51 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 100.56 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9278 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 50.69 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9279 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 330.97 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9280 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 76.31 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9281 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 104 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|--|--|---|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 03 / 09 / 2016 </div> | |
| City State Zip Code WASHINGTON DC 20005 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">741.17</div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE.9282 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 03 / 09 / 2016 </div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|--|---|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 03 / 09 / 2016 </div> | |
| City State Zip Code WASHINGTON DC 20005 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">359.80</div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE.9283 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY 03 / 09 / 2016 </div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NC | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">26.01</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Transaction ID : SE.9284 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type <div style="border: 1px solid black; padding: 0 5px;">004</div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ND |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | |

| | | |
|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">432.22</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Transaction ID : SE.9285 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type <div style="border: 1px solid black; padding: 0 5px;">004</div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 106 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|---|----------------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 139.42 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9286 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|----------------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 146.88 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9287 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|---|--|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>09</div><div>2016</div></div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">487.39</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9288 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>09</div><div>2016</div></div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|--|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>09</div><div>2016</div></div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.61</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9289 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>09</div><div>2016</div></div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|---|----------------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 175.72 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9290 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|----------------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 30.32 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9291 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SD | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 109 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 239.81 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TN | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 913.77 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 110 OF 181
FOR LINE 24 OF FORM 3XNAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

FEC IDENTIFICATION NUMBER ▼

C C00553560Check if ☐ 24-hour report ☐ 48-hour report☐ New report ☐ Amends report filed onM M M / D D D / Y Y Y Y Y Y
/ / /Full Name of Payee
FORTH RIGHT STRATEGY INC☒ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016Mailing Address 1155 - 15TH STREET NW
SUITE 410

Amount

City State Zip Code
WASHINGTON DC 20005

94.58

Transaction ID : SE.9294

Date of Disbursement or Obligation

Purpose of Expenditure
VOTER CONTACT MAILCategory/
Type 004M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016Name of Federal Candidate
HILLARY RODHAM CLINTON☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☒ President ☐ Senate State: UTCalendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: ☐ Primary ☒ General
2016 ☐ Other (specify) ▶Full Name of Payee
FORTH RIGHT STRATEGY INC☒ Memo Item

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016Mailing Address 1155 - 15TH STREET NW
SUITE 410

Amount

City State Zip Code
WASHINGTON DC 20005

24.43

Transaction ID : SE.9295

Date of Disbursement or Obligation

Purpose of Expenditure
VOTER CONTACT MAILCategory/
Type 004M M M / D D D / Y Y Y Y Y Y
03 / 09 / 2016Name of Federal Candidate
HILLARY RODHAM CLINTON☐ Support
☒ OpposeOffice Sought: ☐ House District: 00
☒ President ☐ Senate State: VTCalendar Year-To-Date
Per Election for Office Sought

0.00

Disbursement For: ☐ Primary ☒ General
2016 ☐ Other (specify) ▶(a) **SUBTOTAL** of Itemized Independent Expenditures..... ▶

0.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures ▶(c) **TOTAL** Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 111 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 304.84 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 256.26 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 112 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 71.81 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9298 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 214.14 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.9299 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 09 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 113 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 21.15 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 09 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 25.03 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 114 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 128.35 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16588 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 18.66 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16589 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 115 OF 181
 FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|---|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | | |
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 169.62 </div> | |
| City WASHINGTON State DC Zip Code 20005 | | Transaction ID : SE.16590 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee <input checked="" type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 77.78 </div> | |
| City WASHINGTON State DC Zip Code 20005 | | Transaction ID : SE.16591 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY </div> |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 0.00 </div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <u>SCOTT B MACKENZIE</u> | | | Date MM / DD / YYYY | |
| [Electronically Filed] | | | Date 09 / 10 / 2016 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|--|--|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div> | |
| City State Zip Code WASHINGTON DC 20005 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">992.41</div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE.16592 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|--|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div> | |
| City State Zip Code WASHINGTON DC 20005 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">135.72</div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE.16593 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 117 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">96.98</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Transaction ID : SE.16594 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | |

| | | |
|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24.53</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Transaction ID : SE.16595 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

| | | | | | |
|---|-------------|--|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | | Amount 255.80 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16597 | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | | | District: 00 State: GA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 119 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.37</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | Transaction ID : SE.16598 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40.40</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | Transaction ID : SE.16599 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 120 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| City WASHINGTON | | State DC | Zip Code 20005 | Amount 341.20 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | | Transaction ID : SE.16600 Date of Disbursement or Obligation 03 / 18 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| City WASHINGTON | | State DC | Zip Code 20005 | Amount 171.78 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | | Transaction ID : SE.16601 Date of Disbursement or Obligation 03 / 18 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature SCOTT B MACKENZIE | | | Date 09 / 10 / 2016 | |
| [Electronically Filed] | | | | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 121 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|--|--|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div> | |
| City State Zip Code WASHINGTON DC 20005 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">81.64</div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE.16602 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|--|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div> | |
| City State Zip Code WASHINGTON DC 20005 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">74.98</div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Transaction ID : SE.16603 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 18 / 2016</div> </div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 122 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 116.92 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16604 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 120.70 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16605 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>LA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 123 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| City State Zip Code WASHINGTON DC 20005 | | Amount 36.98 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Transaction ID : SE.16606 Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Category/Type 004 | | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate | | District: <u>00</u> State: <u>ME</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| City State Zip Code WASHINGTON DC 20005 | | Amount 156.50 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Transaction ID : SE.16607 Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Category/Type 004 | | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | |
| Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate | | District: <u>00</u> State: <u>MD</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature <u>SCOTT B MACKENZIE</u> | | Date 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 124 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 180.97 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 264.70 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 125 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 18 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 142.03 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16610 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 18 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 18 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 77.81 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16611 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 18 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 126 OF 181
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 160.58 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16612 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 27.09 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16613 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 127 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">48.28</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16614 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">71.92</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16615 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>18</div><div>2016</div></div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 128 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 36.25 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16616 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 236.69 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16617 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 129 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 54.57 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16618 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NM | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 530.04 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16619 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NY | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 130 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 257.31 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16620 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 18.60 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16621 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ND</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 <i>[Electronically Filed]</i> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 131 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 309.10 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16622 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OH</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 99.71 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16623 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 132 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 105.04 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16624 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 348.55 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16625 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 133 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> | | |

| | | | | |
|---|----------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 29.04 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16626 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>RI</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|----------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 125.66 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16627 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 134 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 21.68 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16628 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 171.50 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16629 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TN</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 135 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 653.48 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16630 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 67.64 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16631 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 136 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div> | | |

| | | | | |
|---|-------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;"> M M M / D D D / Y Y Y Y Y Y </div> 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">17.47</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16632 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;"> M M M / D D D / Y Y Y Y Y Y </div> 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VT | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;"> M M M / D D D / Y Y Y Y Y Y </div> 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">218.00</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16633 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 2px;"> M M M / D D D / Y Y Y Y Y Y </div> 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: VA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y

 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 137 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 183.27 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16634 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 51.35 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16635 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 138 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / MM / YYYYYY | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / MM / YYYYYY 03 / 18 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 153.14 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / MM / YYYYYY 03 / 18 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 15.13 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / MM / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 139 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 18 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 17.90 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16638 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation 03 / 18 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 23 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 2133.49 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16702 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation 03 / 23 / 2016 |
| Name of Federal Candidate THOMAS EARL JR. EMMER | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> |
| Calendar Year-To-Date Per Election for Office Sought 504.10 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | | |
| (c) TOTAL Independent Expenditures..... | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 <div style="text-align: center;">[Electronically Filed]</div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 140 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|---|---|--|---|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16704 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div> | |
| Name of Federal Candidate RYAN K ZINKE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">504.10</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | | | |
|---|---|--|---|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16705 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div> | |
| Name of Federal Candidate WILLIAM HURD | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1498.11</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 141 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|---|----------------------|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 23 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div> Transaction ID : SE.16706 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 23 / 2016 </div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1498.11</div> |

| | | |
|---|----------------------|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 23 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div> Transaction ID : SE.16707 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 23 / 2016 </div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate ALEXANDER XAVIER MOONEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">504.10</div> |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 142 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|--|---|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16708 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div> | |
| Name of Federal Candidate BENJAMIN E SASSE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NE</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">504.10</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|--|---|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2133.49</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16709 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">03 / 23 / 2016</div> | |
| Name of Federal Candidate KELLY A AYOTTE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">504.10</div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY

09 / 10 / 2016

| | | | | |
|---|-------------|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div> <div>2133.49</div> </div> | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16711 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 23 / 2016</div> </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | | |
| Name of Federal Candidate PATRICK JOSEPH TOOMEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | |
| District: 00 State: PA | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>504.10</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 144 OF 181
 FOR LINE 24 OF FORM 3X

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|---|---|--|--|--|--|---|---|---|---|---|---|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 2133.49 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16712 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016 | |
| Name of Federal Candidate TIMOTHY E SCOTT | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC | |
| Calendar Year-To-Date Per Election for Office Sought | | 1498.12 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 2133.49 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16713 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 23 / 2016 | |
| Name of Federal Candidate RONALD HAROLD JOHNSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI | |
| Calendar Year-To-Date Per Election for Office Sought | | 504.10 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 145 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 24 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 4158.72 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16726 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 24 / 2016 | |
| Name of Federal Candidate WILLIAM HURD | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | |
| Calendar Year-To-Date Per Election for Office Sought 1498.11 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 24 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 4158.72 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16727 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 24 / 2016 | |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> | |
| Calendar Year-To-Date Per Election for Office Sought 1498.11 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 146 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|---|----------------------|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 24 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4158.72</div> Transaction ID : SE.16730 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 24 / 2016 </div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | |
| Name of Federal Candidate TIMOTHY E SCOTT | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1498.12</div> |

| | | |
|--|----------------------|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 09 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3689.35</div> Transaction ID : SE.25554 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 24 / 2016 </div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">38075.31</div> |

| | |
|--|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">3689.35</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 147 OF 181
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|---|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | | | |
| Full Name of Payee <input type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC | | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 18 / 2016 </div> | |
| City State Zip Code WASHINGTON DC 20005 | | Transaction ID : SE.25556 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div> | | | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 24 / 2016 </div> | |
| Name of Federal Candidate <input type="checkbox"/> Support HILLARY RODHAM CLINTON <input checked="" type="checkbox"/> Oppose | | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought 39621.71 | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____ | |
| Full Name of Payee <input type="checkbox"/> Memo Item FORTH RIGHT STRATEGY INC | | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 23 / 2016 </div> | |
| City State Zip Code WASHINGTON DC 20005 | | Transaction ID : SE.25557 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYYYY </div> | | | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 24 / 2016 </div> | |
| Name of Federal Candidate <input checked="" type="checkbox"/> Support THOMAS EARL JR. EMMER <input type="checkbox"/> Oppose | | | | Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u> | |
| Calendar Year-To-Date Per Election for Office Sought 2133.48 | | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1892.39 </div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| (c) TOTAL Independent Expenditures..... ► | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>SCOTT B MACKENZIE</u> | | | | Date MM / DD / YYYYYY | |
| [Electronically Filed] | | | | Date 09 / 10 / 2016 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 148 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 345.99 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25558 |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 24 / 2016 |
| Name of Federal Candidate RYAN K ZINKE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MT</u> |
| Calendar Year-To-Date Per Election for Office Sought 2133.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 345.99 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25559 |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYYYY 03 / 24 / 2016 |
| Name of Federal Candidate WILLIAM HURD | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> |
| Calendar Year-To-Date Per Election for Office Sought 5666.69 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 691.98 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 149 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 345.99 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT | |
| 5666.68 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 345.99 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | |
| Name of Federal Candidate ALEXANDER XAVIER MOONEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | |
| Calendar Year-To-Date Per Election for Office Sought | | Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WV | |
| 2133.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 691.98 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 150 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 345.99 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25562 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 24 / 2016 | |
| Name of Federal Candidate BENJAMIN E SASSE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NE | |
| Calendar Year-To-Date Per Election for Office Sought 2133.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 345.99 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25563 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 24 / 2016 | |
| Name of Federal Candidate KELLY A AYOTTE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH | |
| Calendar Year-To-Date Per Election for Office Sought 2133.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 691.98 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M / D D / Y Y Y Y Y Y
 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 151 OF 181
FOR LINE 24 OF FORM 3X

| | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|--|--|--|---|---|--|--|--|--|---|---|---|---|---|---|--|--|--|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | | | | | | | | | | | | | | | | | | | | | | | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table; margin-left:10px"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | M | M | | | | | D | D | | | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|---|--|---|---------|---|--|----|--|--|---|---|--|---------|---|--------|---|---|---|---|---|---|--|--|--|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>23</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016 | | M | M | | 03 | | | D | D | | 23 | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>345.99</td></tr> </table> | | | | | | | | | | | | | 345.99 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 345.99 | | | | | | | | | | | | | | | | | | | | | | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25564 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016 | | M | M | | 03 | | | D | D | | 24 | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Federal Candidate ROB PORTMAN | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2133.52</td></tr> </table> | | | | | | | | | | | | 2133.52 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 2133.52 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------|---|--|---|---------|---|--|----|--|--|---|---|--|---------|---|--------|---|---|---|---|---|---|--|--|--|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>23</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016 | | M | M | | 03 | | | D | D | | 23 | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>346.02</td></tr> </table> | | | | | | | | | | | | | 346.02 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 346.02 | | | | | | | | | | | | | | | | | | | | | | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25565 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation <table border="1" style="display:inline-table"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>03</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>24</td><td></td><td></td></tr> </table> / <table border="1" style="display:inline-table"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> 2016 | | M | M | | 03 | | | D | D | | 24 | | | Y | Y | Y | Y | Y | Y | | | | | | |
| M | M | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D | D | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Y | Y | Y | Y | Y | Y | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of Federal Candidate PATRICK JOSEPH TOOMEY | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calendar Year-To-Date Per Election for Office Sought | | <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>2133.55</td></tr> </table> | | | | | | | | | | | | 2133.55 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | 2133.55 | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | |
|--|--|--|--|--|--------|--|--|--|--|--|--|--|--------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td>692.01</td></tr> </table> | | | | | | | | | | | | 692.01 |
| | | | | | | | | | | | | | |
| | | | | | 692.01 | | | | | | | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| (c) TOTAL Independent Expenditures.....▶ | <table border="1" style="display:inline-table"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

| | | |
|----|---|--|
| M | M | |
| 09 | | |

 /

| | | |
|----|---|--|
| D | D | |
| 10 | | |

 /

| | | | | | |
|---|---|---|---|---|---|
| Y | Y | Y | Y | Y | Y |
| | | | | | |

 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 152 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 345.99 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25566 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016 | |
| Name of Federal Candidate TIMOTHY E SCOTT | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: SC | |
| Calendar Year-To-Date Per Election for Office Sought 5666.70 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 23 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 345.99 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25567 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 24 / 2016 | |
| Name of Federal Candidate RONALD HAROLD JOHNSON | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WI | |
| Calendar Year-To-Date Per Election for Office Sought 2133.48 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 691.98 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 153 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 24 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 611.94 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25568 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation 03 / 24 / 2016 | |
| Name of Federal Candidate WILLIAM HURD | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 6278.63 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|--|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 24 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 611.94 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25569 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation 03 / 24 / 2016 | |
| Name of Federal Candidate MIA LOVE | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | 6278.62 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|---|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 1223.88 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 154 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|--|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 24 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 611.94 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.25570 | |
| Purpose of Expenditure VOTER CONTACT MAIL - CREATIVE & MANAGEMENT | | Category/Type 004 | Date of Disbursement or Obligation 03 / 24 / 2016 | |
| Name of Federal Candidate TIMOTHY E SCOTT | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>SC</u> | |
| Calendar Year-To-Date Per Election for Office Sought 6278.64 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 199.71 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16736 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 611.94 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 155 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 29.03 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16737 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AK</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 263.92 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16738 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 156 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-----------------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 121.03 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16739 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-----------------------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 1544.12 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16740 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

| | | |
|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report | <input type="checkbox"/> 48-hour report | <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY |

| | | | | | |
|---|-------------|--|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | | Amount <div> <div></div> <div>211.18</div> </div> | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16741 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div> | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type | <div> <div></div> <div>004</div> </div> | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>CO</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div></div> <div>0.00</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------------|--|---|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 150.90 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16742 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type | 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> President | <input type="checkbox"/> House <input type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | District: 00 State: CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ➤ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ➤ | |
| (c) TOTAL Independent Expenditures..... ➤ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 158 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 38.17 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16743 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 818.42 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16744 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 159 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | |
|--|---|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">398.01</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Transaction ID : SE.16745 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u> |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | |
|--|---|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div> |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">58.15</div> |
| City WASHINGTON | State DC | |
| Zip Code 20005 | | Transaction ID : SE.16746 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 03 / 30 / 2016 </div> |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/ Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>HI</u> |
| | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 530.90 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16748 Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IL | |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 161 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 267.28 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16749 Date of Disbursement or Obligation 03 / 30 / 2016 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 127.03 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16750 Date of Disbursement or Obligation 03 / 30 / 2016 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 <div style="text-align: right;">[Electronically Filed]</div> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 162 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|-------------|---|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 116.67 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16751 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 181.93 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16752 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KY</u> |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | | | |
| (c) TOTAL Independent Expenditures.....▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date 09 / 10 / 2016 <i>[Electronically Filed]</i> | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 163 OF 181
FOR LINE 24 OF FORM 3X

| | | | |
|---|--|---|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYYYY | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 30 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 187.81 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Date of Public Distribution/Dissemination MM / DD / YYYYYY 03 / 30 / 2016 | |
| City WASHINGTON | | State DC | |
| Zip Code 20005 | | Amount 57.54 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ME | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | 0.00 | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | |
| (c) TOTAL Independent Expenditures..... ▶ | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | |
| Signature SCOTT B MACKENZIE | | Date MM / DD / YYYYYY 09 / 10 / 2016 | |
| | | [Electronically Filed] | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 164 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 243.50 |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16755 |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MD |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|----------------------|--|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 281.58 |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16756 |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 165 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 411.86 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16757 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 220.99 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16758 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 166 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 121.07 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16759 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MS</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 249.85 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16760 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 167 OF 181
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 42.15 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16761 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 75.12 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16762 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 168 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 111.90 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16763 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 56.41 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16764 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 169 OF 181
FOR LINE 24 OF FORM 3X

| | | | | |
|---|--|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00553560</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">368.29</div> | |
| City WASHINGTON | | State DC | Zip Code 20005 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Transaction ID : SE.16765 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">0.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| Full Name of Payee FORTH RIGHT STRATEGY INC | | | <input checked="" type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">84.91</div> | |
| City WASHINGTON | | State DC | Zip Code 20005 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Transaction ID : SE.16766 Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u> | |
| Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">0.00</div> | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;">0.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;"></div> | |
| (c) TOTAL Independent Expenditures..... ▶ | | | <div style="display: inline-block; border-bottom: 1px solid black; width: 150px; text-align: right;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <div style="border-top: 1px solid black; width: 100%;"></div> | | | Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> | |

SCOTT B MACKENZIE

[Electronically Filed]

Date

09

 /

10

 /

2016

| | | | | |
|---|-------------|--|---|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 400.37 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16768 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input checked="" type="checkbox"/> President | <input type="checkbox"/> House <input type="checkbox"/> Senate |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | | District: 00 State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Three examples of binary representations of dates are shown, separated by slashes. Each example consists of a square frame containing a date in a specific format, with the date itself being a binary string. The first frame shows '09' with 'M' and 'M' above it. The second frame shows '10' with 'D' and 'D' above it. The third frame shows '2016' with 'Y', 'Y', 'Y', and 'Y' above it.

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 480.95 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16770 Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | | |
|---|--|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| (c) TOTAL Independent Expenditures..... | | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital displays are shown side-by-side, separated by slashes. The first display shows '09' with 'M' and 'M' above it. The second display shows '10' with 'D' and 'D' above it. The third display shows '2016' with 'Y', 'Y', 'Y', and 'Y' above it.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 172 OF 181
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|--------------------|--|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 155.14 |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16771 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|--------------------|--|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 163.44 |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16772 |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OR |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|---|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 173 OF 181
 FOR LINE 24 OF FORM 3X

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y . . . / . . . / </div> | |

| | | | | |
|---|-------------|--|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2016 </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px;"> 542.34 </div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16773 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2016 </div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: PA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> 0.00 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | |
|---|-------------|---|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2016 </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px;"> 45.19 </div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16774 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M M / D D D / Y Y Y Y Y Y 03 / 30 / 2016 </div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px;"> 0.00 </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> 0.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

M M M / D D D / Y Y Y Y Y Y
 09 / 10 / 2016

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount <div> <div></div> <div>195.53</div> </div> | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16775 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div> | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: SC | |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div></div> <div>0.00</div> </div> | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | | | |
|---|-------------|--|---|--|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | | Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | | Amount <div> <div>Amount</div> <div>33.74</div> </div> | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16776 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 30 / 2016</div> </div> | | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type | <div> <div>Category/Type</div> <div>004</div> </div> | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u> | | |
| Calendar Year-To-Date Per Election for Office Sought | | <div> <div>Calendar Year-To-Date</div> <div>0.00</div> </div> | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | |
|--|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;">0.00</div> </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;"></div> </div> |
| (c) TOTAL Independent Expenditures..... | ▶ | <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; top: -10px; left: 0; right: 0; border-bottom: 1px solid black;"></div> <div style="position: absolute; top: 0; left: 0; right: 0; border-bottom: 1px solid black;"></div> </div> <div style="text-align: right; width: 15%;"></div> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

[Electronically Filed]

Signature

Date _____

| | | | | |
|---|-------------|--|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 1016.79 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16778 Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | | |

| | | |
|--|---|------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... | ▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures | ▶ | |
| (c) TOTAL Independent Expenditures..... | ▶ | |

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 176 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|---|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 105.24 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16779 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>UT</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount 27.19 | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16780 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/ Type 004 | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

MM / DD / YYYY
 09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 177 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00553560 </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | |

| | | | | |
|---|---|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">339.20</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16781 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|---|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div> | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">285.16</div> | | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16782 | |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | | Date of Disbursement or Obligation MM / DD / YYYY <div style="display: flex; justify-content: space-around;"><div>03</div><div>30</div><div>2016</div></div> | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u> | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|--|---|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |
| (c) TOTAL Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
 09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 178 OF 181
FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 79.90 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16783 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WV</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | | | | |
|---|-------------|---|---|--|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination 03 / 30 / 2016 | |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 238.28 | |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16784 | |
| Purpose of Expenditure VOTER CONTACT MAIL | | Category/Type 004 | Date of Disbursement or Obligation 03 / 30 / 2016 | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WI</u> | |
| Calendar Year-To-Date Per Election for Office Sought 0.00 | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Date

09 / 10 / 2016

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 179 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-----------------------------|--|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 23.54 |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16785 |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | | | |
|---|-----------------------------|--|---|
| Full Name of Payee FORTH RIGHT STRATEGY INC | | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 30 / 2016 |
| Mailing Address 1155 - 15TH STREET NW SUITE 410 | | | Amount 27.85 |
| City WASHINGTON | State DC | Zip Code 20005 | Transaction ID : SE.16786 |
| Purpose of Expenditure VOTER CONTACT MAIL | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 30 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DC |
| Calendar Year-To-Date Per Election for Office Sought | | 0.00 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 0.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 180 OF 181
 FOR LINE 24 OF FORM 3X

| | | |
|--|--|---|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | FEC IDENTIFICATION NUMBER ▼ C C00553560 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | | MM / DD / YYYY |

| | | | |
|---|-----------------------------|--|---|
| Full Name of Payee INTEGRAM | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 22 / 2016 |
| Mailing Address 8421 HILLTOP RD | | | Amount 1481.17 |
| City FAIRFAX | State VA | Zip Code 22031 | Transaction ID : SE.25572 |
| Purpose of Expenditure VOTER MAIL - PRINTING & MAILSHOP | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | 32252.65 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | | | |
|---|-----------------------------|--|---|
| Full Name of Payee INTEGRAM | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 09 / 2016 |
| Mailing Address 8421 HILLTOP RD | | | Amount 1757.13 |
| City FAIRFAX | State VA | Zip Code 22031 | Transaction ID : SE.25573 |
| Purpose of Expenditure VOTER MAIL - PRINTING & MAILSHOP | Category/Type 004 | | Date of Disbursement or Obligation MM / DD / YYYY 03 / 17 / 2016 |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought | | 34009.78 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ |

| | |
|---|----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 3238.30 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
09 / 10 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 181 OF 181
 FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|---|--|--|
| NAME OF COMMITTEE (In Full) VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY) | | | FEC IDENTIFICATION NUMBER ▼ C C00553560 | | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y | | | | | |
| Full Name of Payee INTEGRAM | | | Date of Public Distribution/Dissemination 03 / 09 / 2016 | | |
| Mailing Address 8421 HILLTOP RD | | | Amount 1888.99 | | |
| City FAIRFAX | | State VA | Zip Code 22031 | | Transaction ID : SE.25576 Date of Disbursement or Obligation 03 / 24 / 2016 |
| Purpose of Expenditure VOTER MAIL - PRINTING & MAILSHOP | | Category/Type 004 | | | |
| Name of Federal Candidate HILLARY RODHAM CLINTON | | | Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought 41510.70 | | | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____ | | |
| Full Name of Payee | | | Date of Public Distribution/Dissemination | | |
| Mailing Address | | | Amount | | |
| City | | State | Zip Code | | Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y |
| Purpose of Expenditure | | Category/Type | | | |
| Name of Federal Candidate | | | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | | |
| Calendar Year-To-Date Per Election for Office Sought | | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____ | | |
| (a) SUBTOTAL of Itemized Independent Expenditures..... ► | | | 1888.99 | | |
| (b) SUBTOTAL of Unitemized Independent Expenditures ► | | | | | |
| (c) TOTAL Independent Expenditures..... ► | | | 61734.54 | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature SCOTT B MACKENZIE | | | Date 09 / 10 / 2016 <i>[Electronically Filed]</i> | | |